United States Court of Appeals For The District of Columbia Circuit

USCA No.	
	MOTION FOR WAIVER OF FEES
poverty I am unable to prepay My affidavit is attached.	the costs of retrieval and photocopying the requested documents in the above case.
I believe I am entitled to these	e documents because:
(Provide a statement of the resheet if necessary.)	easons you wish to present to the Court. You may continue on the other side of this
Signature	
Name of Requester (Print)	
Submit original to:	Clerk U.S. Court of Appeals for the D.C. Circuit

U.S. Court of Appeals for the L U.S. Courthouse, Room 5523 Washington, D.C. 20001

United States Court of Appeals For The District of Columbia Circuit

AFFIDAVIT IN SUPPORT OF MOTION TO WAIVE FEES

	,	that the responses which I make below to otion are true.	to the questions	concerning my ability to pay the costs as	
1.	Are you presently employed?		□ Yes	□ No	
	a.	If the answer is "yes", state the amount address of your employer. (List both gr		r wages per month and give the name an ary.)	d
	b.	If the answer is "no", state the date of you wages per month which you received.	our last employn	nent and the amount of the salary and	
2.	Have your received within the past twelve months any income or property from any of the following sources?				
	b. Ren c. Pen d. Gifts	iness, profession or other form of self-em at payments, interest, or dividends? asions, annuities or life insurance policies s or inheritances?		☐ Yes ☐ No	
		nswer to any of the above is "yes", descract during the past twelve months.	ibe each source	of money and state the amount received	

3.	Do you own any cash or checking or savings accounts (including joint accounts)? ☐ Yes ☐ No
	a. If the answer is "yes", state the total value of the items owned. \$
4.	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No
	a. If the answer is "yes", describe the property and state its approximate value.
5.	List any persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.
	The same from the same same same same same same same sam
I declar	e under penalty of perjury that the forgoing is true and correct.
	Signature of Applicant
	Name of Requester (Print)
	Address
	Executed on (date)